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Published posthumously, Marli F. Weiner’s final book, completed with help from Mazie Hough, brings together gender history and the history of sexuality with more recent work on the material history of bodies. Sex, Sickness, and Slavery documents the increasing significance of medical knowledge in the antebellum South, where it comprised an empirical authority for justifying race-specific slavery, regulating white women’s behavior, and maintaining white male authority. Alongside recent scholarly work like Dea H. Boster’s African American Slavery and Disability: Bodies, Property, and Power in the Antebellum South, 1800 – 1860 and Kyla Wazana Tompkins’s Racial Indigestion: Eating Bodies in the Nineteenth Century, Weiner sets out to historicize a particular — and particularly telling — site in the production of racialized bodies. To cite Judith Butler’s influential terms, bodies are anything but stable, ahistorical objects; they emerge through “the productive and, indeed, materializing effects of regulatory power.” (1) This study implicitly takes such an argument one step further, demonstrating how the historicized body then enters into a feedback loop through which it serves as irrefutable, material evidence justifying the status quo through which it came about. Indeed, as Weiner documents, this feedback loop worked to enhance physicians’ authority, for it enabled medical insights to gain purchase in a public sphere and extended their reach far beyond the sick room.

Doctors hadn’t always been afforded the sort of authority that allowed them to exert themselves so influentially. Yet during the early decades of the nineteenth century, an increasingly professionalized medical field emerged, “reflecting a growing definition of medicine as a science and acceptance of science as an arbiter of truth” (3). In the South, such authority, while uneven, took on potent political purpose as an arbiter for the empirical “truths” of black and female inferiority. Differentiating the distinctive qualities of what Weiner calls a “fourfold typology” — “white men, white women, black men, black women” (42) — the doctors featured here sought to define what was normal and, appropriating a “prerogative once claimed by ministers” (4), prescribe ideal social conditions. Hence one of this book’s greatest strengths lies in its ability to historicize race and gender simultaneously, as inextricable markers through which bodies became recognizable. For instance, Weiner traces physicians’ attempts to solve the paradox through which white women could be, per dominant opinion, less healthy and more fragile than their black female counterparts, whose bodies rendered them perfectly suited for rigorous manual labor, yet nevertheless bodily superior and more advanced. The solution was to blame the trappings of civilization, particularly refined city life. Or, to cite another example,
Weiner extensively archives doctors’ attempts to discuss female sexuality and reproduction without casting aspersions on white women through any similarities they might share with African American women, notoriously represented as hypersexual and deviant. The solution here, as Weiner notes, was to define “black women by their vaginas, white women by their wombs” (61), which allowed doctors to associate black women’s sexuality with filth, perversion, and sexually transmitted disease and white women’s with vulnerability and weakness: “Defining black women by their genital [sic] and white women by their generative organs offered a way of viewing both groups as women, yet with bodies organized so differently that their roles in society and their medical needs could scarcely be compared” (61-62). Through such definition, the medicalized body emerged as a justification for slavery and for controlling and scrutinizing the lives of white women.

Of course, not all bodies offered themselves up for easy categorization, and on these ambiguous bodies, Weiner’s research is particularly rich. Doctors saw the rigorous classification of bodies, in particular in-between bodies, as a way to protect slave society by, for instance, preventing interracial marriage or mistakenly allowing a woman to vote. So they directed concentrated attention at mixed race bodies, ambiguously raced bodies, intersexed bodies, and physically anomalous or disabled bodies. In one of her anecdotes, Weiner describes no fewer than eleven local doctors called to examine an infant, born to a white mother, whose color rendered his whiteness suspect. By developing a sort of medical jurisprudence, physicians presented themselves as the arbiters of a truth they were in the process of creating. Simultaneously, through the diagnosis of ambiguous bodies, they reinforced normative categories and underscored the importance of conformity.

Though it’s not cited here, readers of Michel Foucault’s *History of Sexuality* will see the story in *Sex, Sickness, and Slavery* as a familiar one about surveillance, the incorporation of perversities, and the specification of persons, through which deviance receives heightened attention as “an object of analysis and as a target of intervention.”(2) Yet Weiner’s study contains value beyond simply retelling and meticulously documenting how this process unfolded through race and gender in the antebellum South. By undertaking such a simultaneously extensive and local analysis, Weiner helps us better understand the knotty complexities in Foucault’s history. Her findings on white women constitute the best case in point. Doctors justified their interventions in women’s bodies by defining white female reproduction as inherently unstable and diseased; or, as an Alabama physician cited here writes, “‘no subject . . . deserves more attention . . . than the pathological condition of the uterus’” (45). Through this understanding, medical knowledge carved out a norm that remained unstable by definition, meaning that white women could never be left unexamined, as white men largely were. Instead — like the masturbating children, homosexuals, and hysterical women in Foucault’s history — doctors recommended that they remain under constant scrutiny, although, unlike those figures, their diagnoses as perverse or ill come precisely for their close proximity to the norm. As Weiner writes: “If ambiguously raced and sexed bodies were dangerous to the social order because they could not be easily categorized, women’s permanently ambiguous bodies were threatening because of the very ordinariness of their ambiguity” (106). Such scrutiny emerged with particular vehemence as the white South felt itself threatened, leading it to call upon white women to reproduce and carry forward a way of life celebrated for being utterly distinct and superior.
My description here is partial. I’ve left out, for instance, Weiner’s useful though necessarily tentative work with sources that reveal how African Americans understood and treated their own illnesses, which white doctors frequently minimized. Nor have I mentioned all the ways that white doctors normalized black subservience by pathologizing black resistance to slavery, as when they diagnosed certain slaves as having “dрапетомания,” which one doctor defined as “the disease causing negroes to run away,” or “дисоестезия Эфиопис” (29) defined as rascality of the mind and body.

What I hope this description reveals in abundance, however, is the richness of Sex, Sickness, and Slavery’s archive, which runs from medical journals to physicians’ diaries to laypeople’s letters to slave narratives, and the depth of its contributions to multiple fields. Indeed, if I have any complaint, it’s that the book doesn’t make explicit all the different conversations and stakes of its many scholarly interventions. This is a book densely packed with primary sources and relatively devoid of secondary ones, and I found myself eager for a more robust engagement with historians and literary critics who approach the same questions of raced and gendered bodies under slavery. My hope is that scholars take this absence as an opportunity, for the range of inquiries that will benefit from Weiner’s book is broad, and the implicit scholarly conversations it introduces include ones that are just beginning.

Endnotes


(3)